FGP Monthly Insurance Rates

Eligibility criteria: College of Medicine has awarded Faculty Group Practice status and UAMS appointment is 50% or higher.

January 2025

			UAMS Cost	Your Cost	
Medical - Classic	75-100% TIME WORKED				
	Employee only	\$507.40	\$ (507.40)	\$0.00	
	Employee and Spouse	\$1,187.38	\$ (1,187.38)	\$0.00	
	Employee and Child(ren)			(a) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	
	Employee, Spouse, and Child(ren)	\$1,639.96	\$ (1,639.96)	\$0.00	
	50-74% TIME WORKED				
	Employee only	\$507.40	\$ (380.55)	\$126.85	
	Employee and Spouse	\$1,187.38	\$ (890.54)	\$296.84	
	Employee and Child(ren)	\$950.14	\$ (712.60)	\$237.54	
	Employee, Spouse, and Child(ren)	\$1,639.96	\$ (1,229.97)	\$409.99	
Medical - Premier	75-100% TIME WORKED				
	Employee only	\$768.92	\$ (507.40)	\$261.52	
	Employee and Spouse	\$1,819.98	\$ (1,187.38)	\$632.60	
	Employee and Child(ren)	\$1,437.70	\$ (950.14)	\$487.56	
	Employee, Spouse, and Child(ren)	\$2,509.42	\$ (1,639.96)	\$869.46	
	50-74% TIME WORKED				
	Employee only	\$768.92	\$ (380.55)	\$388.37	
	Employee and Spouse	\$1,819.98	\$ (890.53)	\$929.45	
	Employee and Child(ren)	\$1,437.70	\$ (712.60)	\$725.10	
	Employee, Spouse, and Child(ren)	\$2,509.42	\$ (1,229.97)	\$1,279.45	
Medical - Health Savings Plan	75-100% TIME WORKED				
_	Employee only	\$440.32	\$ (440.32)	\$0.00	
	Employee and Spouse	\$1,004.40	\$ (1,004.40)	\$0.00	
	Employee and Child(ren)	\$826.24	\$ (826.24)	\$0.00	
	Employee, Spouse, and Child(ren)	\$1,401.54	\$ (1,401.54)	\$0.00	
	50-74% TIME WORKED				
	Employee only	\$440.32	\$ (330.24)	\$110.08	
	Employee and Spouse	\$1,004.40	\$ (768.08)	\$236.32	
	Employee and Child(ren)	\$826.24	\$ (619.68)	\$206.56	
	Employee, Spouse, and Child(ren)	\$1,401.54	\$ (1,051.15)	\$350.39	
Dental	75-100% TIME WORKED				
	Employee only	32.00	(32.00)	0	
	Employee and Spouse	66.00	(66.00)	0	
	Employee and Child(ren)	55.70	(55.70)	0	
	Employee, Spouse, and Child(ren)	89.70	(89.70)	0	
	50-74% TIME WORKED				
	Employee only	32.00	(24.00)	8.00	
	Employee and Spouse	66.00	(49.50)	16.50	
	Employee and Child(ren)	55.70	(41.78)	13.92	
	Employee, Spouse, and Child(ren)	89.70	(67.28)	22.42	

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Vision	You pay the full premium. Basic	c Enhanced					
Vision		69 \$ 9.48					
		1.31 \$ 18.74					
		10.74 0.11 \$ 18.37					
Basic Life	Employee, Spouse and Child(ren) \$ 13.85 \$ 27.92 No cost to you. Paid by UAMS.						
Optional Life							
Optional Life	You pay the full premium, per following calculation:						
	1. Take your annual base salary.						
	2. Multiply by 1, 2, 3 or 4 (based on your coverage e	<i>'</i>					
	3. Round to higher thousand. \$500,000 is maximum coverage.						
	4. If age 70+, contact Human Resources for age reduction factor.						
	5. Take off the last 3 zeroes (divide by 1000).						
	6. Multiply by your Age Rate below = your cost.						
	YOUR CURRENT A						
	Less than 30 0.037						
	30 but less than 35 0.053						
	35 but less than 40 0.060						
	40 but less than 45 0.075						
	45 but less than 50 0.112 50 but less than 55 0.172						
	55 but less than 60 0.321 60 but less than 65 0.493						
	60 but less than 65 0.493 65 but less than 70 0.950						
	70 and older 1.553						
Dependent Life	You pay the full premium. Children covered at 1/2 spouse's coverage.						
l ·	Spouse's Coverage						
	\$10,	000 \$ 2.85					
	\$15,000 \$ 4.27						
	\$20,000 \$ 5.69						
AD&D	You now the full promium						
ADGD	You pay the full premium. Amount of Employee Coverage EE of	only EE & Family					
		0.38 \$ 0.75					
		0.75 \$ 1.50					
	\$75,000 \$ 1	.13 \$ 2.25					
		.50 \$ 3.00					
	\$125,000 \$ 1	.88 \$ 3.75					
	\$150,000 \$ 2	2.25 \$ 4.50					
	\$175,000 \$ 2	2.63 \$ 5.25					
	\$200,000 \$ 3	6.00 \$ 6.00					
	\$225,000 \$ 3	3.38 \$ 6.75					
		5.75 \$ 7.50					
		.13 \$ 8.25					
	\$300,000 \$ 4	.50 \$ 9.00					

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FGP Long Term D	isability	No cost to you. Paid by UAMS. You may elect to have the UAMS premium added to your taxable income in order to avoid taxation on future LTD benefits. The maximum monthly UAMS premium is less than \$200.00.					
Basic Short Term	Disability		cost to you. Paid by UAMS for all benefit-eligible employees. places 60% of the first \$45,000 of salary.				
Optional Short Term Disability Replaces 60% of your salary above \$45,000 and up to \$216,000. Take your annual base salary up to \$216,000 and subtract \$45,000. Multiply by .00528 for your annual cost. Then divide by 12. Max monthly cost is \$75.3				•			
Critical Illness		You pay the full premium. EE = Employee only EE+S = Employee plus Spouse EE+C = Employee plus 1 or more Children EE+S+C = Employee plus Spouse plus 1 or more Children					
\$10,000 Coverage	Age Range Under 25 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70-74 75+			1.40 1.90 2.60 3.60 5.80 9.40 13.70 18.80 26.70 38.40 27.35 38.15	2.70 3.70 5.00 7.10 11.60 19.30 28.70 39.80 56.70 78.90 53.25 69.05	2.40 2.90 3.60 4.60 6.80 10.40 14.70 19.80 27.70 39.40 28.35 39.15	EE+S+C 3.70 4.70 6.00 8.10 12.60 20.30 29.70 40.80 57.70 79.90 54.25 70.05
\$20,000 Coverage		Multiply above	e rates by 2.	330	33.33	333	. 3.00